

**Draft Minutes of the Governor's Interagency Council on Health Disparities  
October 20, 2006**

The Governor's Interagency Council on Health Disparities (Council) held its first meeting and public forum in conjunction with the 5<sup>th</sup> National Conference on Quality Health Care for Culturally Diverse Populations in Seattle, Washington on October 20, 2006 from 2-4 p.m. The meeting provided an opportunity to introduce the Council members and to obtain input from the public on the future work of the Council.

**Council members present:**

Vickie Ybarra, RN, MPH, Chair  
Sofia Aragon, JD, RN  
Craig Bill  
Annie Conant  
Nancy Fisher, RN, MD, MPH  
Winona Hollins Hauge, MSW, LIC SW  
Eric Hurlburt

Yvonne Lopez Morton  
Frankie Manning, MN, RN  
Emma R. Medicine White Crow  
Gwendolyn M. Shepherd  
Joy St. Germain (Alternate)  
Felecia Waddleton-Willis, DO

**Council members absent:**

Ellen Abellera  
Janice Adair  
Jamie Krause (Alternate)

MaryAnne Lindeblad  
Martin Mueller  
Madeleine Thompson

**State Board of Health Staff present:**

Craig McLaughlin, Executive Director  
Desiree Day Robinson, Executive Assistant

Heather Boe, Communications Consultant  
Christy Curwick, Health Policy Analyst

**1. WELCOME**

Vickie Ybarra, Council Chair, welcomed the Council members and the public.

**2. COUNCIL MEMBER AND STAFF INTRODUCTIONS**

Council members and State Board of Health staff introduced themselves.

**3. OVERVIEW OF SSSB 6197**

Frankie Manning, Council Member, gave a presentation on SSSB 6197 (see PowerPoint presentation).

**4. PUBLIC FORUM**

Frankie Manning, Council Member, facilitated the public forum. More than 80 members of the public were in attendance. A list of participants will be developed. The discussion questions and participants' input are provided below.

**Question 1: Are there any questions or comments before we begin?**

- Are disabilities included in the issues that the Council will be addressing?

- What about socioeconomic status?
- What about sexual orientation and gender identity?
- What are the end products that the Council will develop?
- Reviewing the Healthy People 2010 goals and objectives was offered as a starting point.

**Question 2: Looking ahead a few years, what would success look like for the Council, and what will the Council need to do to be successful?**

- Ensure funding and policy support for current programs that address health disparities.
- Undo institutional racism and institutionalize equity. Note: There was also a question from another member of the public regarding whether the Council would be addressing institutional racism.
- Identify and review available data and develop measurable and achievable outcomes that can be used for evaluation.
- Successfully engage the public, including consumers and those without access, and incorporate suggestions.
- Consider non-traditional health services.
- Identify issues that should be addressed and the available resources and then develop priorities.
- Consider workforce diversity.
- Invest in significant outreach in order to hear the voice of the community.
- Develop a concrete outreach and communication plan and include a process for public review.
- Develop both short-term and long-term outcome objectives. Social inequalities can be included as long-term outcomes. Include more easily achievable outcomes as short-term objectives so that success can be felt early.
- Identify data needs.
- Share the importance of ongoing cultural competency training and encourage the inclusion of training requirements for licensure.
- Add to current successful projects like the “100,000 Lives Campaign” and patient safety initiatives.
- Establish linkages between agencies and help build infrastructure within community-based organizations.
- Collaborate with other states’ minority health offices. These offices were also discussed as potential sources of funding.
- Consider the importance of data for assessment and evaluation.
- Conduct outreach with the tribes, including the schools, to help build a diverse workforce by ensuring access to training within the tribes.
- Consider programs like “Place Matters” as opportunities to inform Washington efforts.
- Encourage health care providers to hire bilingual and bicultural staff, not just interpretive services.
- Consider infant mortality as a priority for the Council to address.
- Consider the urban Indian population, and issues such as isolation.

**Question 3: The Council believes that participation by the public, particularly people of color, will be important to its success. Do you have suggestions about how the Council can encourage public engagement, ensure active participation by communities of color and hear the voice of the community?**

- Share goals with the community and reward community for successes.
- Establish a customer service line for public health.
- Participate in street fairs.
- Ensure the Council gets out into the community, rather than assuming that the community will come to the Council meetings.
- Establish a Web site for obtaining feedback and input into the Council's work.
- Work with structures that people already know and engage in, like the churches.
- Connect with the business community.
- Decide whether real public engagement is needed, and if so, commit time and money because a lot of resources are needed for truly engaging the public.
- Consider fear and address it when asking for public input.
- Ensure health information literacy, not just culturally and linguistically appropriate health information.
- Include linguists in the development of health education material.

**Question 4: The legislation that created the Council includes a long list of health conditions and social issues the council must look at. Do you have suggestions about how the Council might want to organize and prioritize this list? Are there key issues that cut across disease conditions that you think the Council should address? Are there issues missing from the legislation the Council should address?**

- Consider prevention strategies as a way to group conditions.
- Consider prioritizing the conditions before approaching the community, to ensure that community input doesn't get lost or left behind.
- Identify success stories and implement them.
- Consider childhood immunizations as a priority.
- Support ongoing current efforts and projects.
- Rethink the focus on the disease model; i.e., may want to consider prioritizing early childhood education, housing, etc.
- Consider obesity and the environmental factors that influence it.
- Encourage participation and resource sharing with healthcare institutions.
- Consider community suspicion.
- Ensure participation from elder groups.
- Ensure responsibility and accountability of client information collected by healthcare institutions.
- Consider the following as priorities for the Council to focus its efforts: infant mortality, AIDS, heart disease among women, and mental health. This same participant identified asthma and diabetes as low priorities.
- Ensure appropriate reimbursement for physicians treating the uninsured, Medicaid, and Medicare populations. Without appropriate reimbursement, this impacts individuals'

abilities to access physician care. Note: this comment was provided via email from a forum participant.

## **5. COUNCIL DISCUSSION OF NEXT STEPS AND WORKPLAN**

Chair Ybarra, asked the members if they wanted to respond to public comments. Felecia Waddleton-Willis, Council Member, offered appreciation for the preventative medicine approach. She discussed the importance of early childhood education, as well as the importance of ensuring education for the educators. Yvonne Lopez Morton, Council Member, stated the need for participants to engage their own communities and reiterated the need for a communications plan. Winona Hollins Hauge, Council Member, stated that there are a lot of information and current programs in place at the national and local levels. She mentioned that many of these programs are success stories and she stated the importance for keeping this existing work going. Emma Medicine White Crow, Council Member, offered a call for participants to implement change in their own communities. She also mentioned the importance of ensuring workforce diversity and offered that changing the paradigm starts with all the individual participants in the room.

Chair Ybarra, said the Council would look at existing health disparities data. She also stated that public engagement is a priority for the Council and offered a call for assistance and ideas for engaging the public. Chair Ybarra then requested Council members to provide input on timelines, community outreach efforts, and setting up advisory committees to help shape the Council's work plan. Nancy Fisher, Council Member, discussed the need to prioritize the 16 conditions. She offered that the Council should first look at the data to identify gaps where the Council could make the biggest impact. Winona Hollins Hauge, Council Member, stated that the outreach plan would need to get the Council out into the communities. She discussed the need to collect qualitative data by hearing the voices of those being impacted and stated that the Council needs to consider both qualitative and quantitative data when setting priorities. Ms. Hauge stated that Council members have a wide network of collective partnerships. She also mentioned that the Washington State Alliance for Healthy Communities of Color would be providing a training course in Kent on November 14<sup>th</sup>. Annie Conant, Council Member, suggested that Council members should be provided with orientation materials on health disparities. Craig Bill, Council Member, discussed the need for a holistic approach and said the Council's work plan should incorporate determinants of health. Gwendolyn Shepherd, Council Member, offered that as a public representative, she intends to provide the input of the average citizen. Eric Hurlburt, Council Member, stated that prioritization decisions should be made quickly and encouraged the Council to identify activities that could be early successes. Ms. Hauge, offered that the Council should consider the issues of the lesbian, gay, bisexual, and transgender communities. Joy St. Germain, Council Member Alternate, discussed the need to develop measurable outcomes, stated the importance of expectations management, and suggested that risk-based data be used to help set priorities. Sofia Aragon, Council Member, said not everything is measurable and stressed the need to provide placeholders for activities that are achievable but not measurable.

## **6. ADJOURNMENT**

Chair Ybarra, thanked participants and adjourned the meeting.